•	• .		:		•	•		:		
			·:-		·	· · · · · · · · · · · · · · · · · · ·			· ·	
						Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOF Efféctive October 1, 2003						10	15	N	21/1	() ·
<u> </u>		• •					10	10	SHU	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							ENTITY	. · OR	OTHER	R THAN ENTITY
AL.CLAIMS	3	110	160			RAT	E FEE	٦	RATE	FEE
· .		NUMBER	NUMBER FILED		BASI		EE 385.00	OR	BASIC FEE	770.00
L CHARGE	ABLE CLAIMS	16 mi	16 minus 20= • 2			. X\$ 9	=	OR	·X\$18=	188
PENDENT CLAIMS			inus 3 = * 5			X43=	<u> </u>	OR	Voc	1120
IPLE DEPE	NDENT CLAIM P	RESENT		•				1		12
e difference	e in column 1 is	less than z	ero, enter	*0* in c	column 2	+145		OR	L	1160
•	LAIMS AS A			•		TOTA	٠ (OR	OTHER	THAN
4-03	(Column 1)	·	(Colun	nn 2)	(Column 3)	SMAL	L ENTITY	OR	SMALL	
	CLAIMS . REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
taí	. 46	Minus	- 4		=0	X\$ 9=		OR	X\$18=	
lependent	. 8	Minus		8	= 65	X43=	.	OR	X86=	
RSTPRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		+145=		OR	+290=	
٠.	•					TOT	AL.	OR	TOTAL	
·	(Column 1)		(Colum	nn 21	(Column 3)	ADDIT. FE	E L] •	ADDIT. FEE	
	CLAIMS REMAINING AFTER AMENOMENT		HIGHI NUME PREVIO PAID F	EST BER IUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE
af	*	Minus	P4 .	· · · · ·	=	X\$ 9=		OR	X\$18=	
ependent	1	Minus .	ine		=	X43=		OR	X86=	
ST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-			
				•		+145=		OR	+290=	
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 -	(Column 1) CLAIMS		(Colum		(Column 3)		11.22.		···	195
í	CONTROL CO		N. 10.10		00555117	Î	ADDI-			ADDI-

		(Column 1)	•	(Column 2)	(Column 3)				
AMENOMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
	-Total	· · · · · · · · · · · · · · · · · · ·	Minus	₆₋₆ ,	·= · · · · · ·				
	Independent	*	Minus .	44-4	3				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								

* If the difference in column 1 is less than zero, enter "0" in column 2

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

TOTAL CLAIMS

TOTAL CHARGEABLE CLAIMS

MULTIPLE DEPENDENT CLAIM PRESENT

INDEPENDENT CLAIMS

FOR

AMENDMENT

8

AMENDMENT

Total

Independent

Total

Independent

•	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.	
•	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter	2(
-	*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "	3.*

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

TIONAL

FEE

RATE

X\$ 94

X43=

+145=

ADDIT, FEE

TOTAL

OR

OR

OR

OR

TIONAL

FEE

RATE

X\$18=

X86=

+290=